

Name of Person Filing:

In this case I am:

☐ Petitioner ☐ Respondent

In this case I am:

☐ Representing Myself (No Attorney), or

If Represented by Attorney:

Attorney Bar Number: _____

My Address (if not protected): _____

City, State, Zip Code: _____

Telephone Numbers: _____

ATLAS Number: (if applicable) _____

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Name of Petitioner

Case Number: _____

RESPONSE TO PETITION TO ESTABLISH

(Check one box, depending on whether you need child support order)

☐ LEGAL DECISION MAKING (CUSTODY), PARENTING TIME, and CHILD SUPPORT, or

☐ LEGAL DECISION MAKING (CUSTODY) AND PARENTING TIME (ONLY)

Name of Respondent

UNDER OATH OR BY AFFIRMATION

1. INFORMATION ABOUT THE PETITIONER (THE OTHER PARTY)

Name: _____

Address: _____

Date of Birth: _____

Occupation: _____

Relationship to children for whom Petitioner wants the Court Order:

☐ Mother

☐ Father

☐ Other. My relation to the children is: _____

2. INFORMATION ABOUT THE RESPONDENT (ME)

Name: _____

Address: _____

Date of Birth: _____

Occupation: _____

MY Relationship to children for whom the Petitioner wants the Court Order:

☐ Mother

☐ Father

☐ Other. My relation to the children is: _____

3. VENUE:

☐ This is the proper court to bring this lawsuit under Arizona law because it is the county of residence of the petitioner, or the respondent, or the minor child(ren),

OR

☐ This is NOT the proper court to bring this lawsuit under Arizona law because it is not the county of residence of the petitioner, or the respondent, or the minor child(ren).

4. INFORMATION ABOUT MINOR CHILDREN, including past 5 years residence:

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|--|
| A. Child's Name: _____ | | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| Place of Birth: _____ | | Date of Birth: _____ | |
| Current Address: _____ | | | |
| How long at this address: _____ | | County: _____ | |
| Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Name & Relation to Child): _____ | | | |
| (If less than 5 years, provide 5 years previous address information for each child.) | | | |
| Previous Address: _____ | | | |
| How long at this address: _____ | | Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____ | |
| Previous Address: _____ | | | |
| How long at this address: _____ | | Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____ | |

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|--|
| B. Child's Name: _____ | | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| Place of Birth: _____ | | Date of Birth: _____ | |
| Current Address: _____ | | | |
| How long at this address: _____ | | County: _____ | |
| Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Name & Relation to Child): _____ | | | |
| Previous Address: _____ | | | |
| How long at this address: _____ | | Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____ | |
| Previous Address: _____ | | | |
| How long at this address: _____ | | Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____ | |

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|--|
| C. Child's Name: _____ | | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| Place of Birth: _____ | | Date of Birth: _____ | |
| Current Address: _____ | | | |
| How long at this address: _____ | | County: _____ | |
| Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Name & Relation to Child): _____ | | | |
| Previous Address: _____ | | | |
| How long at this address: _____ | | Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____ | |
| Previous Address: _____ | | | |
| How long at this address: _____ | | Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____ | |

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|--|
| D. Child's Name: _____ | | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| Place of Birth: _____ | | Date of Birth: _____ | |
| Current Address: _____ | | | |
| How long at this address: _____ | | County: _____ | |
| Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Name & Relation to Child): _____ | | | |
| Previous Address: _____ | | | |
| How long at this address: _____ | | Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____ | |
| Previous Address: _____ | | | |
| How long at this address: _____ | | Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____ | |

☐ Continues on attached page(s) made part of this document by reference.

5. STATEMENTS ABOUT PATERNITY AND CHILD SUPPORT**A. PATERNITY WAS ESTABLISHED BY: (check one box).**

(A copy of any Order or document referenced here should already be in the Court file or attached.)

☐ **A Court Order for Paternity from this county or previously transferred to this county** stating that

is the natural father of the minor child(ren) included in this Petition. (A.R.S. § 25-502(c))

☐ **Both parents signing an Acknowledgment of Paternity through the Hospital Paternity Program** or other means provided by law after July 18, 1996, and a birth certificate listing the name of the father was issued as a result.

☐ **We do not have an order of paternity, but we do have a child support order.** (See instructions)

☐ **Parties were legally married when minor child(ren) was (were) born, conceived or adopted.***

***NOTE: If married when minor child(ren) born, conceived or adopted, and no decree of Divorce or Separation has been issued, STOP! Do not use these forms unless advised to do so by an attorney. Requests for legal decision-making authority (custody) and parenting time for married persons must generally be filed as part of a case for Separation or Divorce.**

B. INFORMATION ABOUT CHILD SUPPORT FOR MINOR CHILDREN: (check one box)
☐ An Order for Child Support is dated _____ from (name of court) _____ which states that child support is established and **does need to be changed**. Note: if order is from court other than Superior Court in Maricopa County, see instructions)

☐ An Order for Child Support is dated _____ from (name of court) _____ which states that child support is established and **does need to be changed**. Note: if order is from court other than Superior Court in Maricopa County, see instructions)

☐ To my knowledge **there is no child support order** for the minor child(ren) and the court should order child support in this case along with legal decision making (custody) and parenting time.
6. WHAT I SAY ABOUT PATERNITY AND CHILD SUPPORT THAT IS DIFFERENT FROM WHAT PETITIONER SAID: (Summarize what is different between what you say and what the other party said in the petition)

7. COURT CASES NOT INVOLVING LEGAL DECISION MAKING (CUSTODY) OR PARENTING TIME RELATED TO THE CHILDREN UNDER 18 YEARS OLD:**(Check one box.)**

☐ **I HAVE** ☐ **I HAVE NOT** been a party or a witness in court in this state or in any other state regarding the legal decision making (custody) or parenting time of any of the minor children named above (If so, explain below, using extra pages if necessary. **IF NOT, GO ON.**)

Name of each child: _____

Court state: _____ Court location: _____

Court case number: _____ Current status: _____

How the child is involved: _____

Summary of any Court Order _____

8. LEGAL DECISION MAKING (CUSTODY) OR PARENTING TIME CASES RELATED TO CHILDREN UNDER 18 YEARS OLD:

(check one box) ☐ **I DO NOT HAVE** ☐ **I DO HAVE** information about a legal decision making (custody) or parenting time court case relating to any of the minor children named above that is pending in this state or in any other state (If so, explain below, using extra pages if necessary. **IF NOT, GO ON.**)

Name of each minor child: _____

Court state: _____ Court location: _____

Court case number: _____ Current status: _____

Nature of the court proceeding: _____

Summary of any Court Order _____

9. LEGAL DECISION MAKING (CUSTODY) OR PARENTING TIME CLAIMS OF ANY PERSON:**(Check one box)**

☐ **I DO NOT KNOW** ☐ **I DO KNOW** a person other than the Petitioner or the Respondent who has physical custody or who claims legal decision making (custody) or parenting time rights to any of the minor children named above.

(If so, explain below, using extra pages if necessary. **IF NOT, GO TO #11.**)

Name of each child minor claimed: _____

Name of person with the claim: _____

Address of person with the claim: _____

Nature of the claim: _____

☐ Additional claims of legal decision making (custody) or parenting time stated on attached page.

10. **SUMMARY OF WHAT I SAY ABOUT THE CHILDREN THAT IS DIFFERENT FROM WHAT THE PETITIONER ASKED FOR:** (Summarize what is different between what you say about the children, and what the other party said.)

OTHER STATEMENTS TO THE COURT:

11. **OTHER EXPENSES:** The parties should be ordered to divide between them any uninsured medical, dental, or health expenses, reasonably incurred for the minor child(ren), in proportion to their respective incomes.

12. **DOMESTIC VIOLENCE:** (If you intend to ask for joint legal decision making (joint legal custody), there must have been no significant domestic violence between the parties **or** you must provide specific reasons the court should find joint authority is in the best interests of the minor(s) **despite** the domestic violence. (A.R.S. § 25-403.03). (Check the box to make a true statement below.)

☐ There has been domestic violence in this relationship and neither joint nor sole legal decision making (custody) should be awarded to the ☐ petitioner ☐ respondent who committed the violence.

☐ Domestic violence has **not** occurred in this relationship; or

☐ There **has** been domestic violence between the parties but the court should find it is still in the best interests of the minor child(ren) to award joint legal decision making (joint custody) **because:** (Explain) _____

13. **GENERAL DENIAL:** I deny anything stated in the complaint that I have not specifically admitted, qualified, or denied.

REQUESTS TO THE COURT:

1. **FOR ORDER DECLARING PRIMARY RESIDENCE, PARENTING TIME, AND AUTHORITY FOR LEGAL DECISION MAKING (LEGAL CUSTODY):**

- A. Declare which parent's home shall be "Primary Residence" for each minor child as follows:

☐ Declare **Mother's home** as primary residence for the following named children:

☐ Declare **Father's home** as primary residence for the following named children:

subject to parenting time, as follows:

B. PARENTING TIME: Award parenting time as follows:

- ☐ **Reasonable parenting time** rights to the non-primary residential parent, **OR**
- ☐ **Supervised parenting time** between the children and ☐ Mother OR ☐ Father, **OR**
- ☐ **No parenting time** rights to the ☐ Mother OR ☐ Father.

Supervised or no parenting time is in the best interests of the child(ren) because: *

☐ Explanation continues on attached pages made part of this document by reference.

a. Name this person to supervise: _____

b. Restrict parenting time as follows: _____

c. **Order cost of supervised parenting time (if applicable) to be paid by:**

- ☐ Mother
- ☐ Father, **OR**
- ☐ Shared equally by the parties.

C. AUTHORITY FOR LEGAL DECISION MAKING (LEGAL CUSTODY):

Award legal authority to make decisions concerning the child(ren) as follows:

☐ **AWARD SOLE AUTHORITY FOR LEGAL DECISION-MAKING to:** ☐ Mother ☐ Father

OR

☐ **AWARD JOINT LEGAL DECISION MAKING AUTHORITY to BOTH PARENTS.**

Mother and Father will agree to act as joint legal decision makers concerning the minor child(ren) and will submit a Parenting Plan and Joint Legal Decision Making Agreement signed by the both parties. (For the court to order joint legal decision making, there must have been no "significant" domestic violence or find it in the best interests of the child(ren) despite any such violence according to Arizona law, A.R.S. § 25-403.03)

(Check below if you are asking for a child support order or a change of child support in this case.)

2. ☐ CHILD SUPPORT: Order that child support shall be paid by (check one box)

☐ Mother ☐ Father **in a reasonable amount as determined by the Court under the Arizona Child Support Guidelines and the attached Child Support Worksheet.** Support payments shall begin on the first day of the first month following the entry of the Legal Decision Making (Custody)/Parenting Time/Support Order. These payments, plus a fee for handling, shall be paid through the Support Clearinghouse and collected by automatic Income Withholding Order.

Case No. _____

3. MEDICAL, DENTAL, VISION CARE FOR MINOR CHILDREN: Order that

☐ **Mother** is responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

☐ **Father** is responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

Mother and Father will pay for all reasonable unreimbursed medical, dental, and health-related expenses incurred for the minor child(ren) in proportion to their respective incomes.

4. OTHER ORDERS I AM REQUESTING (explain request here): _____

OATH OR AFFIRMATION

I swear or affirm the contents of this document are true and correct under penalty of perjury.

Date

Respondent's Signature

Respondent's Printed Name

Copy of this document mailed to the other party on: _____
Month / Date / Year

To the following address: _____
